



# Individual Antlerless Deer Tag Application

See pages 29 -30 for information

Make check payable to SCDNR  
Mail to: Deer Tags, SCDNR,  
PO Box 11710, Columbia, SC 29211

<b>Applicant's Social Security</b>		<b>Applicant's Name</b>						
# _____ - _____ - _____		_____ Last		_____ First	_____ MI	_____ Sex	_____ Race	_____/_____/_____ Date of Birth
<b>Applicant's Address</b>							<b>County of Residence</b>	
_____ Street or Box #		_____ City		_____ State	_____ Zip		_____ County	
<b>Telephone</b>		<b>Number of Tags Requested</b>		<b>Amount of Money Enclosed</b>				
_____-_____-_____		(Circle One) 2      4		(Circle One) 2 - \$10      4 - \$20				

*I understand that persons whose privileges are suspended are not eligible to apply for, hold, or use SCDNR licenses, permits, stamps, or tags.*

Signature \_\_\_\_\_ Date \_\_\_\_\_